FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91515 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10089919

DOCUMENT # P18150

1. Entity Name
SC HOTELS MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
THREE RAVINIA DRIVE SUITE 2900, C/O CORPORATE TAX ATLANTA, GA 30346-2149 US	THREE RAVINIA DRIVE SUITE 2900, C/O CORPORATE TAX ATLANTA, GA 30346-2149 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 58-1758340 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee Will be $550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CORR, MICHAEL THREE RAVINIA DR., SUITE 2900 ATLANTA, GA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP Kurnit, Jonathan Three Ravinia Dr Atlanta, GA 30346	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD CHITTY, ROBERT THREE RAVINIA DR., SUITE 2900 ATLANTA, GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/T Chitty, Bob Three Ravinia Dr. Atlanta, GA 30346	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRETTSCHNEIDER, THOMAS H THREE RAVINIA DR., SUITE 2900 ATLANTA, GA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Teague, Bailey Three Ravinia Dr Atlanta, GA 30346	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS KACENA, JAMES L THREE RAVINIA DR, SUITE 2900 ATLANTA, GA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MEYER-ROBERTS, BARBARA J 747 THIRD AVE 26TH FLOOR NEW YORK, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Meyer Roberts Ass't Sec — 4/23/03 — 212-852-6415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Barbara Meyer ROBERTS